

**DECLARATION AND POWER OF ATTORNEY FOR
PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter, which is claimed and for which a patent is sought on the invention entitled:

KEY-BASED ENCRYPTION

the specification of which (check one)

_____ is attached hereto.
☒ was filed on 09/01/2006
 as Application Serial No. 10/598,509
 and was amended on _____
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign applications(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application for patent inventor's or plant breeder's rights certificate(s) or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Priority Claimed

<u>0405245.2</u>	<u>GB</u>	<u>03/09/2004</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Serial Number)	(Country)	(MM/DD/YYYY)	

Certified Copy Attached?

☐ Yes ☒ No

<u>PCT/EP2005/050895</u>	<u>PCT</u>	<u>03/01/2005</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Serial Number)	(Country)	(MM/DD/YYYY)	

Certified Copy Attached?

☐ Yes ☒ No

